

TRAVEL EXPENSE CLAIM

STD. 262 (REV. 9/2007)

See Instructions and *Privacy
Statement On Reverse Side

CLAIMANT'S NAME R. Steven Tharratt, M.D., MPVM			SSN or EMPLOYEE NUMBER*		DEPARTMENT Executive Division
POSITION Director		CB/ID No.	DIVISION or BUREAU Emergency Medical Services Authority		INDEX NUMBER
RESIDENCE ADDRESS*			HEADQUARTERS ADDRESS 1930 9th Street		TELEPHONE NUMBER (916) 322-4336
CITY El Dorado Hills	STATE CA	ZIP CODE 95672	CITY Sacramento	STATE CA	ZIP CODE 95811
(1) NORMAL WORK HOURS			(2) PRIVATE VEHICLE LICENSE NUMBER		(3) MILEAGE RATE CLAIMED 0.550

(4) MONTH/YEAR		(6) LOCATION WHERE EXPENSES WERE INCURRED	(7) LODGING	(8) MEALS			(9) INCIDENTALS	(10) TRANSPORTATION					(11) BUSINESS EXPENSE	(12) TOTAL EXPENSES FOR DAY	
(5) DATE TIME				(8) BREAK-FAST	LUNCH	O.T., L/T, N/C, RELO. OR DINNER		(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE				
											MILES	AMOUNT			
11/30	1600	Sacramento to San Francisco	157.33			18.00	6.00		PC	Parking 22.50	87.00	47.85		251.68	
12/1			157.33	6.00	10.00	18.00	6.00			Parking 22.50		0.00		219.83	
12/2	1600	San Francisco to El Dorado Hills		6.00	10.00				PC		113.70	62.54		78.54	
												0.00		0.00	
												0.00		0.00	
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												0.00		0.00	
												0.00		0.00	
												0.00		0.00	
(13) SUBTOTALS			314.66	12.00	20.00	36.00	12.00	0.00			45.00	200.70	110.39	0.00	550.05

COLUMN CODE (ACCTG. USE ONLY)

CLAIM TOTAL

\$550.05



(14) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)

Dec. 1 - To attend as well as address attendees and EMS Commissioners at the EMDAC (Emergency Medical Directors Association of California) and EMSAAC (Emergency Medical Services Administrators' Association of California) meetings.

Dec. 2 - To attend as well as oversee the Commission on Emergency Medical Services meeting. During the morning portion of the meeting, Dr. Tharratt presented EMS Awards to recipients selected by the EMS Awards

AGENCY ACCOUNTING OFFICE
USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

(15) CLAIMANT'S SIGNATURE 	DATE 12/9/09	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT 	DATE
(17) SPECIAL INSTRUCTIONS (See Item 17 on reverse)			DATE

If the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by the State of California to vehicle safety and seat belt usage.